

From : Principal / Head Teacher
KG / Nursery
Ref.:
Tel. No.:
Fax No.:
Date:

To: Medical Officer in-charge
South Kwai Chung MCHC
Ref.:
Tel. No.: 2615 7350
Fax No.: 2406 9664
Total. Pg.: (including this leader page)

**Comprehensive Child Development Service (CCDS)
Preschool Referral and Reply
Referral for Maternal and Child Health Centre (MCHC) Service**

I am referring the child _____(name) to your centre for service.

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Please contact _____ on Tel no. _____ if message received is incomplete.

From : Medical Officer in-charge
South Kwai Chung MCHC
Date:

To: Principal / Head Teacher
KG / Nursery
Total. Pg.:

Acknowledgment of the fax referral

- Thank you for referring the child to our centre for service. We will contact the parent and arrange services for the child. We will let you know about the progress in our subsequent reply. Please feel free to contact us for further queries.

(MCHC chop)

**Comprehensive Child Development Service (CCDS)
Preschool Referral and Reply
Referral for MCHC Service (Preprimary institutions)**

I. Particulars of the Child

1. Name	
2. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Date of Birth	
4. Parents / Guardian	Father: _____ Mother: _____
	Guardian: (if applicable) _____
5. Contact phone no.	
6. Schooling	<input type="checkbox"/> Playgroup <input type="checkbox"/> N1 <input type="checkbox"/> K1 (N2) <input type="checkbox"/> K2 (N3) <input type="checkbox"/> K3 (N4) <input type="checkbox"/> Others: _____
7. Date of enrollment	
8. Service currently received	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____
9. MCHC registered	_____MCHC Registration no.: _____

II. Aspects of developmental observation of the child

General learning ability	e.g. attention, learning motivation
Understanding of concepts	e.g. general knowledge, concept formation, literacy, mathematics
Language ability	including understanding and speaking
Social behaviour	e.g. peer relationship, group participation, rule following
Behaviour / emotion	
Motor ability	
Self-care skills	
Others	

III. Attachment(s) if any: assessment / progress reports previous learning records
 others: _____ (please specify)

IV. Reason(s) for referral

	Time of identification
<input type="checkbox"/> Learning problem	
<input type="checkbox"/> Language / articulation problem	
<input type="checkbox"/> Emotional / behaviour problem	
<input type="checkbox"/> Physical health problem	
<input type="checkbox"/> Parenting problem	
<input type="checkbox"/> Family problem	
<input type="checkbox"/> Others : (please specify)	

V. Information of the preprimary institution

Referring teacher: _____ Signature: _____

Principal / Head teacher: _____ Signature: _____

Phone No. : _____ Fax no.: _____

Date of referral: _____

VII. Parent's consent

I _____ (parent / guardian), hereby consent for my child _____ to be referred to South Kwai Chung MCHC for assessment. I also consent for the MCHC to communicate with the school about the assessment results and subsequent follow-up plan of my child.

Signature: _____

Date: _____